2016 Medicare Advantage Special Needs Plans

Data as of September 9, 2015. Includes all 2016 approved contracts/plans. Employer sponsored plans (800 series) are excluded. Plans under sanction are not shown.

Notes: Data are subject to change. All contracts for 2016 have been finalized. For 2016, enhanced alternative plans may offer additional cost sharing reductions in the gap on a sub-set of the formulary drugs, beyond the standard Part D benefit.

* Your premium may be lower depending on your eligibility for medical assistance. Call your plan for details.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	Monthly Consolidated Premium* (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Contract ID	Plan ID
Guilford	Cigna-Healthspring	Cigna-HealthSpring TotalCare (HMO SNP)	Local HMO	Dual-Eligible	$31.10	$360.00	Basic	No	H9725	003
Guilford	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-168 (HMO SNP)	Local HMO	Dual-Eligible	$31.00	$190.00	Basic	No	H1036	168
Guilford	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS SNP)	Local HMO	Institutional	$22.80	$80.00	Basic	No	H5253	043
Guilford	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO SNP)	Local HMO	Dual-Eligible	$18.00	$360.00	Basic	No	H5253	041
Guilford	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO	Institutional	$31.10	$360.00	Basic	No	H5253	042
Halifax	Gateway Health Medicare Assured	Gateway Health Medicare Assured Diamond (HMO SNP)	Local HMO	Dual-Eligible	$31.10	$360.00	Basic	No	H9190	007
Halifax	Gateway Health Medicare Assured	Gateway Health Medicare Assured Gold (HMO SNP)	Local HMO	Chronic or Disabling Condition	$59.00	$360.00	Enhanced	No	H9190	009
Halifax	Gateway Health Medicare Assured	Gateway Health Medicare Assured Platinum (HMO SNP)	Local HMO	Chronic or Disabling Condition	$97.00	$250.00	Enhanced	No	H9190	010
Halifax	Gateway Health Medicare Assured	Gateway Health Medicare Assured Ruby (HMO SNP)	Local HMO	Dual-Eligible	$31.10	$360.00	Basic	No	H9190	008
Henderson	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS SNP)	Local HMO	Institutional	$22.80	$80.00	Basic	No	H5253	043
Henderson	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO SNP)	Local HMO	Dual-Eligible	$18.00	$360.00	Basic	No	H5253	041
Henderson	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO	Institutional	$31.10	$360.00	Basic	No	H5253	042
Hertford	Gateway Health Medicare Assured	Gateway Health Medicare Assured Diamond (HMO SNP)	Local HMO	Dual-Eligible	$31.10	$360.00	Basic	No	H9190	007
Hertford	Gateway Health Medicare Assured	Gateway Health Medicare Assured Gold (HMO SNP)	Local HMO	Chronic or Disabling Condition	$59.00	$360.00	Enhanced	No	H9190	009
Hertford	Gateway Health Medicare Assured	Gateway Health Medicare Assured Platinum (HMO SNP)	Local HMO	Chronic or Disabling Condition	$97.00	$250.00	Enhanced	No	H9190	010
Hertford	Gateway Health Medicare Assured	Gateway Health Medicare Assured Ruby (HMO SNP)	Local HMO	Dual-Eligible	$31.10	$360.00	Basic	No	H9190	008
Hyde	Gateway Health Medicare Assured	Gateway Health Medicare Assured Diamond (HMO SNP)	Local HMO	Dual-Eligible	$31.10	$360.00	Basic	No	H9190	007
Hyde	Gateway Health Medicare Assured	Gateway Health Medicare Assured Gold (HMO SNP)	Local HMO	Chronic or Disabling Condition	$59.00	$360.00	Enhanced	No	H9190	009
Hyde	Gateway Health Medicare Assured	Gateway Health Medicare Assured Platinum (HMO SNP)	Local HMO	Chronic or Disabling Condition	$97.00	$250.00	Enhanced	No	H9190	010
Hyde	Gateway Health Medicare Assured	Gateway Health Medicare Assured Ruby (HMO SNP)	Local HMO	Dual-Eligible	$31.10	$360.00	Basic	No	H9190	008
Iredell	Cigna-Healthspring	Cigna-HealthSpring TotalCare (HMO SNP)	Local HMO	Dual-Eligible	$31.10	$360.00	Basic	No	H9725	003
Iredell	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-167 (HMO SNP)	Local HMO	Dual-Eligible	$31.00	$190.00	Basic	No	H1036	167
Iredell	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS SNP)	Local HMO	Institutional	$22.80	$80.00	Basic	No	H5253	043
Iredell	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO	Institutional	$31.10	$360.00	Basic	No	H5253	042